

STATE OF NEW JERSEY

B0006758244

NEW JERSEY DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

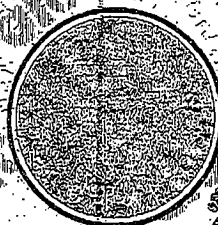
STATE FILE NUMBER

20130057058

| | | | | |
|---|--|--|---|---|
| 1a. Legal Name of Decedent (First, Middle, Last, Suffix) Cheryl M. Mack | | | | LMB ONLY <input type="checkbox"/> |
| 1b. Also Known As (AKA), If Any (First, Middle, Last, Suffix) | | | | |
| 2. Sex Female | 3. Social Security Number 171-44-9380 | 4a. Age 61 Years | 5. Date of Birth (Mo/Day/Yr) 11/21/1951 | |
| 6. Birthplace (City & State/Foreign Country) Camden, New Jersey | | | | |
| 7a. Residence-State New Jersey | | 7b. County Burlington | 7c. Municipality/City Delran Township | |
| 7d. Street and Number 112 Amberfield Drive | | 7e. Apt. No. | 7f. Zip Code 08075 | 7g. Inside Child's Home? Yes |
| 8a. Ever in US Armed Forces? No | | 8b. If Yes, Name of War | | 8c. War Service Dates (From/To): |
| 9. Domestic Status at Time of Death Married | | 10. Name of Surviving Spouse/Partner (Name, date of birth or on birth certificate) Barry F. Mack | | |
| 11. Father's Name (First, Middle, Last) Alfred C. Grover | | | | |
| 12. Mother's Name Prior to First Marriage (First, Middle, Last) Dorothy Cubbler | | | | |
| 13a. Name of Informant Barry F. Mack | | | | 13b. Relationship to Decedent Spouse |
| 13c. Mailing Address (Street and Number, City, State, Zip Code) 42 Amberfield Drive, Delran, NJ 08075 | | | | |
| 14. Method of Disposition Burial | | 15. Place of Disposition (Name of cemetery, crematory, other) Lakeview Memorial Park | | 16. Location - City, State or Foreign Country Cinnaminson Township, New Jersey |
| 17. Name and Complete Address of Funeral Facility Grove-Ghivish Funeral Home, 1200 Rt 130, Cinnaminson, NJ 08077-3006 | | | | |
| 18. Electronic Signature of Funeral Director John J. McGlone | | | | 19. NJ License Number 23JP00406500 |
| 20. Decedent Education High school graduate, GED completed | | 21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino | | 22. Decedent Race White |
| 23. Occupation of Decedent (Type of work done most of life, when retired) Senior Systems Analyst | | 24. Kind of Business/Industry Toy Manufacturing | | |
| 25. Name and Address of Last Employer Tyco Toys, NJ | | | | |
| 26. Date Pronounced Dead (Mo/Day/Yr) 10/25/2013 | | 28. Name of Person Pronouncing Death Susan Constantine | | |
| 27. Time Pronounced Dead (24-Hr) 1833 | | 29. License Number 28NR08430000 | | 30. Date Signed (Mo/Day/Yr) 10/25/2013 |
| 31. Date of Death (Mo/Day/Yr) 10/25/2013 | | 32. Time of Death (24-Hr) Approx 1533 | 33. Was Medical Examiner Contacted? No | 34. Place of Death Decedent's Home |
| 35a. Facility Name (if not institution, give street and number) 42 Amberfield Dr Delran, NJ | | | | |
| 35b. Municipality Delran Township | | 35c. County Burlington | | |
| 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause of death on Line 36b. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). ASSESS | | | | |
| Immediate Cause e. Cirrhosis | | Interval Between Onset and Death unknown | | |
| Due to (or as a consequence of): b. Renal Failure | | unknown | | |
| Due to (or as a consequence of): c. Congestive Heart Failure | | unknown | | |
| Due to (or as a consequence of): d. Neuropathy | | unknown | | |
| 36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I. | | 37. Was an Autopsy Performed? No | | |
| 39. Date of Injury (Mo/Day/Yr) | | 40. Time of Injury (24-Hr) | | 38. Were Autopsy Findings Available to Complete Cause of Death? Not Applicable |
| 41a. Location of Injury (Number and Street, Zip Code) | | 41b. Municipality | 41c. County | 41d. State |
| 42. Describe How Injury Occurred | | 43. If Transportation Injury: | | |
| 44. Manner of Death Natural | | 45. Did Decedent Have Diabetes? No | 46. Did Tobacco Use Contribute to Death? Unknown | 47. If Female, Pregnancy State Not pregnant within the past year |
| 50. Certifier Type Certifying Physician | | 51. Name, Address, and Zip Code of Certifier Scott M Dorfner Dorfner Family Medicine 1105 Sunset Road, Burlington, NJ 08016-2289 | | |
| 52. Electronic Signature of Certifier Scott M Dorfner | | 53. License Number 25MB05391000 | 54. Date Certified (Mo/Day/Yr) 10/28/2013 | |
| 55. Electronic Signature of Legal Registrar Pamela McGlone | | 56. District No. V0313 | 57. Date Received 10/28/2013 | 58. Page ID Number 1622018 |

Record
Contains
Amendment

DATE ISSUED: October 29, 2013

ISSUED BY:
New Jersey Department of Health, Office of Vital Statistics and RegistryThis is to certify that the above is correctly copied
from a record on file in my office.Certified copy not valid unless the raised
Great Seal of the State of New Jersey
or the seal of the issuing municipality
or county, is affixed hereon.Vincent T. Arisi
State Registrar
Office of Vital Statistics and RegistryREG-42B
JAN 13

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD. VOID IF ALTERED.